

# L020000001990

OFFICE USE ONLY(DOCUMENT #)

## LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TOU TLINE, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

|                                     |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

### AMENDMENTS

|                          |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

### OTHER FILINGS

|                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

### REGISTRATION/ QUALIFICATION

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign             |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement       |
| <input type="checkbox"/> | Trademark           |
| <input type="checkbox"/> | Other               |

700004830157--9

-01/28/02--01040--004

\*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials

*128-02*

02 JAN 26 AM 11:40 RECEIVED

02 JAN 28 AM 10:29

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION  
OF  
TOUTLINE, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is TOUTLINE, LLC. (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 12373 SW 1<sup>st</sup> Street, Coral Springs, FL 33071.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Certification of Designation of Registered Agent/Registered Office accompanies these Articles of Organization is: P. Tristan Bourgoignie, Esq., 5200 Blue Lagoon Drive, #600, Miami, FL 33126.
4. MANAGEMENT. The business of the limited liability company shall be managed by one or more members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 15th day of January, 2002.

By: \_\_\_\_\_

P. Tristan Bourgoignie, Esq.  
Authorized signatory of the Members

02 JAN 28 AM 11:10  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

APPROVED  
AND  
FILED

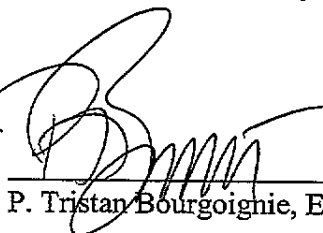
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

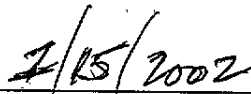
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Toutline, LLC.
2. The name and address of the registered agent and office is:

P. Tristan Bourgoignie, Esq.  
5200 Blue Lagoon Drive  
Suite 600  
Miami, FL 33126

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
P. Tristan Bourgoignie, Esq.

  
\_\_\_\_\_  
Date

02 JAN 28 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED